



Online Banking Enrollment Form

Access ID: _____

▶ DATE: _____, 20 _____

CUSTOMER INFORMATION:

Name: _____ New User: Existing User Modification:
 Address: _____ SSN: _____ - _____ - _____
 City: _____ State: _____ Zip: _____
 Phone: (____) _____ - _____ Primary Contact for Account(s): _____ TIN: _____
 Physical Address: _____ Date of Birth: _____
 Email Address: _____ Mother's Maiden name: _____
 Add'l. Sig. Holder: _____ D.O.B.: _____ SSN: _____ - _____ - _____ Mother's Maiden name: _____

REQUESTED SERVICES:

Account Access (history/transfers) Inquiry Only

SIGNATURES:

By signing below, I authorize **THE BANK** to establish an Online Banking account on my behalf, issue a temporary password which I will be forced to change to a private password the first time I log on to the system and acknowledge receipt of the Online Access Agreement and EFT Act Disclosure. I also understand that the Online Access Agreement and EFT Act Disclosure is subject to change and that notifications of any changes are addressed in the agreement.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

BANK INFORMATION (to be completed by bank):

Please remove the following accounts:

Account #	Account Description (as you identify this account)
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

_____(initials) _____(as of date)

The signature cards of the above accounts were reviewed and the customer is a proper signatory on each account.

_____(initials) _____(as of date)

The "System Inquiry" of the above SSN/TIN was reviewed and is attached, showing the appropriate accounts the customer will see upon logging into IBS.

_____(initials) _____(as of date)

The customer's accounts were entered onto the IBS.

LOCATION: Cavalier Columbia Downtown Argyle Hallock

Port#: _____ Re-Enroll Date: _____ Review Signature Documents: _____ (Initials) Rev. 10/13